



**COUNTY OF LOS ANGELES**  
**TREASURER AND TAX COLLECTOR**  
KENNETH HAHN HALL OF ADMINISTRATION  
500 WEST TEMPLE STREET, ROOM 437  
LOS ANGELES, CA 90012



**MARK J. SALADINO**  
TREASURER AND TAX COLLECTOR

February 04, 2014

The Honorable Board of Supervisors  
County of Los Angeles  
383 Kenneth Hahn Hall of Administration  
500 West Temple Street  
Los Angeles, California 90012

**ADOPTED**

BOARD OF SUPERVISORS  
COUNTY OF LOS ANGELES

16 February 4, 2014

*Sachi A. Hamai*  
SACHI A. HAMAI  
EXECUTIVE OFFICER

Dear Supervisors:

**REQUEST TO ACCEPT COMPROMISE OFFERS OF SETTLEMENT  
(ALL DISTRICTS AFFECTED)  
(3 VOTES)**

**SUBJECT**

Individuals who were injured in a third party compensatory accident received medical care at a County facility. The Treasurer and Tax Collector entered into negotiations with the liable parties and reached a settlement agreement.

**IT IS RECOMMENDED THAT THE BOARD:**

Pursuant to Section 1473 of the Health and Safety Code, authorize acceptance of the compromise offers of settlement from the following individuals who were injured in a third party compensatory accident and who received medical care at a County facility:

1. Account Number 12786620 in the amount of \$32,128.49
2. Account Number 12679012 in the amount of \$ 4,910.56
3. Account Number 12679644 in the amount of \$ 3,449.34

**PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION**

The best interest of the County would be served by the approval of this recommendation. The compromise offers of settlement are recommended because the patients, estates, or legally responsible relatives are unable to pay the charges.

**Implementation of Strategic Plan Goals**

This action is consistent with the Countywide Strategic Plan Goal of Fiscal Sustainability in pursuing collection of charges owed for County services.

**Strategic Asset Management Principles Compliance**

Not applicable.

**FISCAL IMPACT/FINANCING**

The County will recover partial payment from a third party against debts, otherwise uncollectible due to the limited financial resources of the individuals who received the medical care.

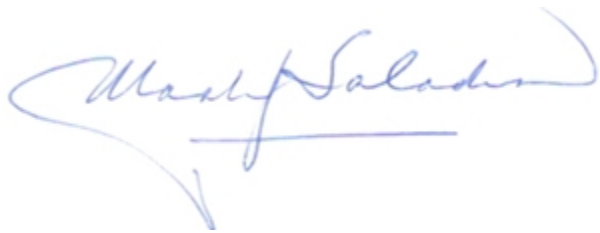
**FACTS AND PROVISIONS/LEGAL REQUIREMENTS**

Not applicable.

**IMPACT ON CURRENT SERVICES (OR PROJECTS)**

No Impact.

Respectfully submitted,



MARK J. SALADINO  
Treasurer and Tax Collector

MJS:FR:apl

Enclosures

c: Chief Executive Officer

## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO.  
129A

Amount of Aid	\$111,277.00	Account Number	12786620
Amount Paid	0.00	Name	Adult Female
Balance Due	\$111,277.00	Service Date	09/12/2012 – 05/13/2013
Compromise Amount Offered	32,128.49	Facility	LAC USC Medical Center
Amount to be Written Off	\$79,148.51	Service Type	Inpatient/Outpatient

## JUSTIFICATION

The client was involved in an automobile versus automobile accident. She was treated at LAC USC Medical Center at a cost of \$111,277.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$100,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$33,333.33	\$33,333.33	33.33%
Attorney Cost	98.00	98.00	0.10%
Providence Holy Cross Medical Center	4,059.61	1,000.00	1.00%
County of Los Angeles	111,277.00	32,128.49	32.13%
Net to Client	N/A	33,440.18	33.44%
<b>Total</b>	<b>\$148,767.94</b>	<b>\$100,000.00</b>	<b>100.00%</b>

Our financial investigation reveals that the client supports herself with a marginal income. She has no other source of income or tangible assets.

## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO.  
129B

Amount of Aid	\$25,588.00	Account Number	12679012
Amount Paid	0.00	Name	Adult Female
Balance Due	\$25,588.00	Service Date	01/19/2012 – 03/26/2012
Compromise Amount Offered	4,910.56	Facility	LAC USC Medical Center
Amount to be Written Off	\$20,677.44	Service Type	Inpatient/Outpatient

## JUSTIFICATION

The client was involved in an automobile versus automobile accident. She was treated at LAC USC Medical Center at a cost of \$25,588.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$5,000.00	\$5,000.00	33.33%
Attorney Cost	268.33	268.33	1.78%
County of Los Angeles	25,588.00	4,910.56	32.74%
Net to Client	N/A	4,821.11	32.15%
<b>Total</b>	<b>\$30,856.33</b>	<b>\$15,000.00</b>	<b>100.00%</b>

Our financial investigation reveals that the client is unemployed and receives financial support from relatives and friends. She has no other source of income or tangible assets.

## DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES  
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TRANSMITTAL NO.  
129C

Amount of Aid	\$31,706.00	Account Number	12679644
Amount Paid	0.00	Name	Adult Male
Balance Due	\$31,706.00	Service Date	02/15/2011 – 06/13/2011
Compromise Amount Offered	3,449.34	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$28,256.66	Service Type	Inpatient/Outpatient

## JUSTIFICATION

The client was involved in a slip and fall accident. He was treated at Harbor UCLA Medical Center at a cost of \$31,706.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$11,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$4,400.00	\$4,400.00	40.00%
Attorney Cost	652.00	652.00	5.92%
County of Los Angeles	31,706.00	3,449.34	31.36%
Net to Client	N/A	2,498.66	22.72%
<b>Total</b>	<b>\$36,758.00</b>	<b>\$11,000.00</b>	<b>100.00%</b>

Our financial investigation reveals that the client receives social security benefits and lives at a transitional living shelter. He has no other source of income or tangible assets.